PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w

applicable fee(s), to: Mail Mail Stop ISSU

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence indicated unless corrected below ordered orderwise in Block 1, by daysectifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notificati	ons,						
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	7590 11/05						
D Brent Kenady Wells St John Suite 1300				I hereby certify that this Feeds (Tansmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (5/1) 273-2885, on the date indicated below.			
601 West First Avenue				(Depositor's name)			
Spokane, WA 992	201-3828					(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/502,240	07/21/2004	•	Sadao Omata		IS14-002	3991	
TITLE OF INVENTION: ELASTICITY MEASURING DEVICE FOR BIOLOGICAL TISSUE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE TOTAL FEE(S) DUI	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	02/05/2010	
EXAMP	√ER	ART UNIT	CLASS-SUBCLASS	1			
FOREMAN, JONATHAN M		3736	600-591000	,			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). Change of correspondence address (or Change of Correspondence Address (or Change of Correspondence Address form PTO/SB/12) attached. J "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents CR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) NIHON UNIVERSITY TOKYO, JAPAN							
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖫 Corporation or other private group entity							
4a. The following fee(s) are submitted: Xil Issue Fee Xil Publication Fee (No small entiry discount permitted) Advance Order - # of Copies			b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. XM Payment by credit card. Form PTO-2038 is attuched. XM Payment by credit card. Form PTO-2038 is attuched. XM The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Depoist Account Number 22/9025				
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature _	DBh			Date	12-2-09		
Typed or printed name		nt Kenady			lo. 40045		
This collection of informat an application. Confidentis submitting the completed this form and/or suggestio Box 1450, Alexandria, Vir Alexandria, Virginia 2231:	tion is required by 37 C ality is governed by 35 application form to the is for reducing this bur- ginia 22313-1450. DC 3-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th O NOT SEND FEES OR	on is required to obtain or 1.14. This collection is es depending upon the indi e Chief Information Offic COMPLETED FORMS T	retain a benefit by the stimated to take 12 r vidual case. Any co cer, U.S. Patent and O THIS ADDRESS	he public which is to file (an minutes to complete, includi mments on the amount of t Trademark Office, U.S. Dep S. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.